

## State of West Virginia Uniform Traffic Crash Report

DOH Form 17-c  
Revised: 02/2007

## Crash Data

Crash Record Number  Reporting Agency's Record Number: 2019-00030673 Page 1 of 16

# of Vehicles Involved: 3 # of Non-Motorists Involved: 0 # of Fatal Injuries: 0 # of A B or C Injuries: 3

Date / Time of Crash: 08/09/2019 / 0745 Date / Time Crash Reported: 08/09/2019 / 0746 Time of Arrival: 0806

County: KANAWHA Municipality or Place of Crash: Sissonville GPS Coordinates:  

Highway Class: ☒ Interstate ☐ US ☐ WV  
☒ County/HARP ☐ City Street ☐ State Park / Forest Road  
☐ Private Road ☐ Private Property/Off-Roadway ☐ Other

Supplemental Designation: ☐ Not Applicable ☐ Spur ☐ North ☐ East ☐ Truck Route ☐ Other  
☐ Alternate ☐ Ramp ☐ South ☐ West ☐ Toll

Route: 021 / 00 Milepost:  Ramp:  Street: Sissonville DriveOther Description of Location: BOX 7014 Intersecting Street: 

## Relation to Junction / Junction Type:

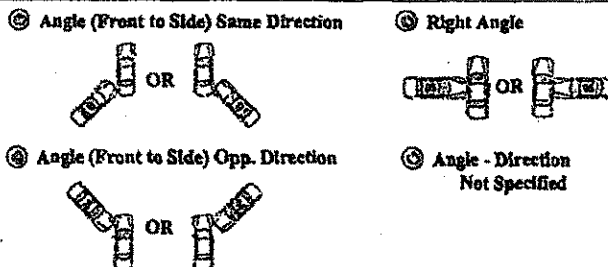
- ☒ Non-Junction ☐ Junction, Non-Interchange Area ☐ Junction, Interchange Area
- ☐ Intersection ☐ Thru Roadway  
☐ Intersection-Related ☐ Merge/Diverge Area  
☐ Interstate to Interstate ☐ Intersection  
☐ Railroad Grade Crossing #:  ☐ Intersection-Related  
☐ Median Crossover-Related ☐ Entrance / Exit Ramp  
☐ Business or Residential Driveway/Alley Access ☐ Other Part of Interchange  
☐ Other Non-Interchange

## Intersection Type:

- ☐ 4-Way Intersection  
☐ T Intersection  
☐ Y Intersection  
☐ Intersection as Part of Interchange  
☐ Traffic Circle / Roundabout  
☐ 5-Point or More

## Manner of Collision:

- ☐ Single Vehicle Crash  
☐ Rear End  
☒ Head-On  
☐ Sideswipe, Same Direction  
☐ Sideswipe, Opposite Direction  
☐ Rear-to-Side  
☐ Rear-to-Rear



## Environmental Contributing Circumstances (Select Up to 3):

- ☒ None  
☐ Weather Conditions  
☐ Physical Obstruction(s)  
☐ Glare  
☐ Animal(s) in Roadway

Type: Other: 

## Weather (Select Up to 2):

- ☐ Clear ☐ Rain ☐ Blowing Snow ☐ Other  
☒ Cloudy ☐ Sleet, Hail, or Freezing Rain ☐ Severe Crosswinds  
☐ Fog, Smog, Smoke ☐ Snow ☐ Blowing Sand, Soil, Dirt

## Lighting:

- ☒ Daylight ☐ Dawn  
☐ Dark - Lighted ☐ Dusk  
☐ Dark - Not Lighted ☐ Other

## Roadway Surface Condition:

- ☒ Dry ☐ Slush ☐ Mud, Dirt, Gravel, Sand  
☐ Wet ☐ Ice / Frost  
☐ Snow ☐ Water (Standing / Moving)

## Location of First Harmful Event:

- ☐ On Roadway ☐ Roadside ☐ In Parking Lane or Zone ☐ Outside of Right-of-Way  
☐ Shoulder ☐ Gore ☐ Off Roadway, Location Unknown  
☐ Median ☐ Separator ☐ Unknown

## Roadway Surface Type:

- ☒ Asphalt ☐ Concrete ☐ Gravel ☐ Dirt ☐ Brick ☐ Other:

## First Harmful Event:

- ☐ Overturn / Rollover  
☐ Fire / Explosion  
☐ Immersion  
☐ Jackknife  
☐ Cargo / Equipment Loss or Shift  
☐ Fell / Jumped from Motor Veh  
☐ Thrown or Falling Object  
☐ Other Non-Collision

## COLLISION WITH:

- ☐ Pedestrian  
☐ Pedalcycle  
☐ Railway Vehicle  
☐ Animal  
☐ Motor Vehicle in Transport  
☐ Parked Motor Vehicle  
☐ Work Zone / Maintenance Equip  
☐ Other Non-Fixed Object  
☐ Impact Attenuator / Crash Cushion

- ☐ Bridge Overhead Structure  
☐ Bridge Pier or Support  
☐ Bridge Rail  
☐ Culvert  
☐ Curb  
☐ Ditch  
☐ Embankment  
☐ Guardrail Face  
☐ Guardrail End  
☐ Cable Median Barrier  
☐ Concrete Traffic Barrier  
☐ Other Traffic Barrier  
☐ Tree (Standing)  
☐ Utility Pole/Light Support  
☐ Traffic Sign Support  
☐ Traffic Signal Support  
☐ Other Post, Pole, or Support  
☐ Fence  
☐ Mailbox  
☐ Other Fixed Object

EXHIBIT

1

COPY

Crash Record Number  Reporting Agency's Record Number: 2019-00030873 Page 2 of 16

## Road - Contributing Circumstances: (Select Up to 3)

- ☒ None ☐ Ruts, Holes, Bumps ☒ Shoulders ☐ Work Zone ☐ Utility  
☐ Road Surface Condition (Wet, Icy, etc.) ☐ Worn, Travel Polished Surface ☐ None ☐ Low ☐ Soft ☐ High ☐ Construction ☐ Maintenance  
☐ Debris ☐ Obstruction in Roadway ☐ Problem w/ Traffic Control Device ☐ Inoperative ☐ Missing ☐ Obscured ☐ Non-Highway Work  
☐ Pavement Markings Not Visible ☐ Other

## School Bus Related:

- ☐ No  
☐ Yes, School Bus Directly Involved  
☐ Yes, School Bus Indirectly Involved

## School Zone Related:

- ☐ No  
☐ Yes

## Type of School Zone Sign:

- ☐ When Present ☐ None  
☐ When Flashing  
☐ Lists Specific Times

## School Zone Flashers:

- ☐ Present, Not Active  
☐ Present, Active  
☐ Not Present

## School Zone Speed Limit:

## Work Zone Related:

- ☐ No  
☐ Yes

## Workers Present:

- ☐ Yes  
☐ No  
☐ Unknown

## Work Zone Speed Limit:

## Location of Crash in Work Zones:

- ☐ Before 1st Warning Sign ☐ Activity Area  
☐ Advance Warning Area ☐ Termination Area  
☐ Transition (Merge) Area

## Type of Work Zone:

- ☐ Lane Closure ☐ Intermittent or Moving Work  
☐ Lane Shift / Crossover ☐ Other  
☐ Work on Shoulder or in Median

## NARRATIVE: Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON FRIDAY, AUGUST 09, 2018 AT APPROXIMATELY 07:46 A.M., I WAS DISPATCHED BY METRO COMMUNICATIONS TO 7014 SISSONVILLE DRIVE IN SISSONVILLE, KANAWHA COUNTY, IN REFERENCE TO A 3-VEHICLE CRASH WITH INJURY.

UPON MY ARRIVAL, I OBSERVED THE FOLLOWING: VEHICLE 1 RESTING IN A CREEK BED ALONG THE RIGHT SHOULDER OF THE ROADWAY (NORTH BOUND LANE); VEHICLE 2 STOPPED IN THE NORTH BOUND LANE OF TRAFFIC, APPROXIMATELY FORTY YARDS NORTH OF WHERE VEHICLE 1 AND VEHICLE 3 WERE LOCATED; AND VEHICLE 3 TO BE STOPPED IN THE NORTH BOUND LANE, WITH IT RESTING SIDEWAYS IN ITS LANE. I EXAMINED THE SCENE AND OBSERVED THE FOLLOWING: MARKINGS FROM VEHICLE 1 TRAVELING FROM NEAR THE CENTER LINE (SOUTH BOUND) IN TO THE NORTH BOUND LANE OF TRAFFIC; DEBRIS FROM VEHICLE 1 AND VEHICLE 3 LYING IN THE NORTH BOUND LANE OF TRAFFIC; TIRE MARKINGS FROM VEHICLE 2, WHICH WERE IN THE NORTH BOUND LANE JUST ABOVE THE DEBRIS LOCATION. I EXAMINED VEHICLE 1 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD TO BE DAMAGED; AND FRONT INSIDE AIRBAG DEPLOYMENT. I EXAMINED VEHICLE 2 AND OBSERVED THE FOLLOWING: THE VEHICLE ITSELF WAS NOT DAMAGED. HOWEVER, THE METAL OPEN FACE STYLE TRAILER'S REAR DRIVER SIDE WHEEL AND TRAILER AREA WAS DAMAGED. I EXAMINED VEHICLE 3 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD DAMAGE; AND INSIDE FRONT AIRBAG DEPLOYMENT. DIGITAL PHOTOGRAPHS OF THE SCENE WERE TAKEN.

VEHICLE 1 WAS TRAVELING SOUTH NEAR 7014 SISSONVILLE DRIVE. VEHICLE 1 TRAVELED LEFT OF CENTER INTO THE NORTH BOUND LANE OF TRAFFIC. VEHICLE 1'S FRONT DRIVER SIDE AREA STRUCK THE REAR DRIVER SIDE TRAILER AREA OF VEHICLE 2. THEN, VEHICLE 1 TRAVELED SOUTH IN THE NORTH BOUND LANE AND THEN ITS FRONT-END IT STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 TRAVELED OFF THE LEFT SIDE OF THE ROADWAY AND CAME TO A REST IN A CREEK BED.

DUE TO INJURIES, DRIVER 1, DRIVER 3, AND PASSENGER 1 (VEHICLE 3) WERE TRANSPORTED FROM THE SCENE TO C.A.M.C. GENERAL HOSPITAL IN CHARLESTON.

WITNESS 1, TERRI CHAPMAN , PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, SHE STATED THE FOLLOWING: SHE HAD BEEN TRAVELING SOUTH ON SISSONVILLE DRIVE PRIOR TO THE INCIDENT AND OBSERVED IT TO TRAVEL LEFT OF CENTER. THEN, AT THE CRASH LOCATION, SHE OBSERVED VEHICLE 1 TRAVEL LEFT OF CENTER AND STRIKE THE REAR OF VEHICLE 2'S TRAILER. THEN, VEHICLE 1 PROCEEDED TO TRAVEL SOUTH IN THE NORTH BOUND LANE. VEHICLE 1 STRUCK THE FRONT OF VEHICLE 3 AND THEN LANDED IN THE CREEK.

WITNESS 2, RYAN WHITE , PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, HE STATED THE FOLLOWING: AS HE WAS TRAVELING NORTH ON SISSONVILLE DRIVE, HE OBSERVED VEHICLE 1 TRAVEL ACROSS THE CENTER LINE AND STRIKE VEHICLE 2'S TRAILER. THEN, VEHICLE 1 CONTINUED SOUTH IN THE NORTH BOUND LANE AND STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 CAME TO A REST IN THE CREEK.

VEHICLE 1, VEHICLE 2'S TRAILER, AND VEHICLE 3 WERE TOWED FROM THE SCENE BY CHARLESTON AUTO. THEY WERE TOWED TO THEIR LOT IN SISSONVILLE.

I CLEARED FROM THE SCENE AND TRAVELED TO C.A.M.C. GENERAL HOSPITAL. UPON MY ARRIVAL, I OBTAINED AN AUDIO-RECORDED STATEMENT WITH DRIVER 3. ALSO, I OBTAINED AN AUDIO-RECORDED STATEMENT FROM PASSENGER 1 OF VEHICLE 3. HOWEVER, DUE TO DRIVER 1'S MEDICAL CONDITION (S.T.I.C.U. FLOOR), I WAS UNABLE TO OBTAIN A RECORDED STATEMENT.

## Reported By:

- ☐ State Police ☐ Sheriff's Dept  
☐ Municipal PD ☐ Other

## Photos Taken:

- ☐ Yes ☐ No

## By Whom:

J. W. EARY

## Video Taped:

- ☐ Yes ☐ No

## By Whom:

The information contained in this report reflects my best knowledge and judgment:

## Investigating Officer's Name:

J. L. MILLER

## Number:

64

## Signature:

## Phone:

(304) 357-0188

## ORI Number:

WV0200000

## Agency:

Kanawha Co SD

## Assisting Officer's Name(s):

J. W. EARY

## Reconstructed:

- ☐ Yes ☐ No

## By Whom:

## Date of Submission:

08/09/2018

DOH Form: 17-dgrm  
Revised: 02/2007

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**CRASH DIAGRAM:**

[illegible]

# NO DIAGRAM

## State of West Virginia Uniform Traffic Crash Report

DOH Form 17-veh  
Revised: 9/2007

## Vehicle Data

Crash Record Number: _____		Vehicle Number: <u>01</u>		Reporting Agency's Record Number: <u>2019-00030873</u>		Page <u>4</u> of <u>16</u>			
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene				Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle	
Owner's Name(s): <u>WHITE, THELMA CRYSTAL</u>									
Address: <u>KENNA</u>				City: <u>WV</u>		State: <u>25248</u>		Other Phone: _____	
Make: <u>TOYOTA</u>	Model: <u>COROLLA</u>	Model Year: <u>2008</u>	Body Type: <u>SEDAN, 4-DOOR</u>	Color: <u>WHITE</u>	Registration Status: <input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	Proof of Liability Insurance: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req	Ins. Co: <u>STATE FARM</u>	Policy No: _____	Exp Date: <u>11/09/2019</u>
VIN: _____		Plate Class: _____	Licensed Plate Number: _____	State: <u>WV</u>	Reg Year: <u>2020</u>	Ins. Agent Name or Phone: <u>304-372-9117</u>		Vehicle Impact Role: <input type="radio"/> Striking <input type="radio"/> Single Vehicle <input type="radio"/> Struck <input type="radio"/> Both	
Special Function of Motor Vehicle: <input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtney Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military				Used as an Emergency Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use			
Direction of Travel Before Crash: <input type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown		Applicable Speed Limit (MPH): <u>40</u>		Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided w/ Cent. Left Turn Lane <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway		Total Lanes in Roadway: For Undivided Highway: Count Total Lanes in Both Directions (Excluding Designated Turn Lanes) For Divided Highway: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash. <u>2</u>			
Traffic Control Device Type: <input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other _____				Horizontal Alignment: <input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Curve Left		Vertical Alignment: <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill		Veh Travel Speed (MPH): _____	
Traffic Control Functioning Properly: <input type="radio"/> Yes <input type="radio"/> No				Underwrite / Override: <input type="radio"/> No Underwrite or Override <input type="radio"/> Underwrite, Compartment Intrusion Unknown <input type="radio"/> Underwrite, Compartment Intrusion <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Underwrite, No Compartment Intrusion <input type="radio"/> Override, Other Motor Vehicle		Extent of Damage: <input type="radio"/> No Damage <input type="radio"/> Minor Damage <input type="radio"/> Functional Damage <input type="radio"/> Disabling Damage			
Vehicle Maneuver / Action: <input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other _____		Crash Avoidance Maneuver: <input type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other _____		Contributing Circumstances, Motor Vehicle (Select up to 2): <input checked="" type="radio"/> None <input type="radio"/> Tires <input type="radio"/> Brakes <input type="radio"/> Wheels <input type="radio"/> Wipers <input type="radio"/> Lights (Head, Signal, Tail, etc.) <input type="radio"/> Steering <input type="radio"/> Windows <input type="radio"/> Power Train <input type="radio"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="radio"/> Mirrors <input type="radio"/> Suspension <input type="radio"/> Other _____		GVWR or GCWR: <input type="radio"/> Less Than or Equal To 10,000lbs <input type="radio"/> 10,001 - 14,000 lbs <input type="radio"/> More Than 14,000lbs			
Displaying Hazardous Materials Placard: <input type="radio"/> No <input type="radio"/> Yes		Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input type="radio"/> Yes		Manner, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene	
Towed to: <u>CHARLESTON AUTO</u>				Towed by: <u>CHARLESTON AUTO</u>					

Crash Record Number: \_\_\_\_\_ Vehicle Number: 01 Reporting Agency's Record Number: 2019-00090673 Page 5 of 16

<b>Crash Events:</b> 01 Overturn / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left 10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision <b>COLLISION WITH:</b> 15 Pedestrian 16 Motorcycle 17 Railroad Vehicle 18 Animal 19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert 29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support 39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object	Sequence of Events: <u>19</u> <u>08</u> Most Harmful Event: <u>19</u>
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Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> ATV  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh. Towing Unit  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer  <input checked="" type="checkbox"/> 13 Top <input checked="" type="checkbox"/> 14 Undercarriage
--	--	---	--	---	---

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: \_\_\_\_\_ Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Trailing Unit #2: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Trailing Unit #3: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Property Damaged Other Than Vehicles:

<input checked="" type="checkbox"/> None <input type="checkbox"/> Work Zone / Maintenance Equipment <input type="checkbox"/> Impact Attenuator / Crash Cushion <input type="checkbox"/> Bridge / Tunnel <input type="checkbox"/> Culvert <input type="checkbox"/> Guardrail <input type="checkbox"/> Concrete Barrier <input type="checkbox"/> Cable Median Barrier <input type="checkbox"/> Other Traffic Barrier <input type="checkbox"/> Utility Pole / Light Support # _____ <input type="checkbox"/> Traffic Sign Support <input type="checkbox"/> Traffic Signal Support <input type="checkbox"/> Other Post, Pole or Support <input type="checkbox"/> Fence <input type="checkbox"/> Mailbox <input type="checkbox"/> Other Fixed Object
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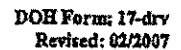
Damaged Property Owner(s):

<input checked="" type="checkbox"/> WVDOT <input type="checkbox"/> Private <input type="checkbox"/> City <input type="checkbox"/> Utility Company <input type="checkbox"/> Other: _____
---

Damaged Property Location:

<input checked="" type="checkbox"/> On Pavement <input type="checkbox"/> Right Side of Road <input type="checkbox"/> Left Side of Road
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### Driver Data

Vehicle Number (from Vehicle Data Page) 01

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2019-00030673

Driver's Name: WHITE THELMA CRYSTAL  
Last First Middle Suffix

Address:	Same as Veh Owner	KENNA	WV	25248
		City	State	Zip Code

Home Phone: [REDACTED] Other Phone: [REDACTED]

**Driving License:**

**License Type:**

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="radio"/> Not Licensed       | <input type="radio"/> GDL Level 1 | <input type="radio"/> CDL Instruction Permit        |
| <input type="radio"/> Driving License    | <input type="radio"/> GDL Level 2 | <input type="radio"/> Motorcycle Instruction Permit |
| <input type="radio"/> Instruction Permit | <input type="radio"/> GDL Level 3 | <input type="radio"/> Motorcycle Only               |

**CDL Class:**

- ⑤ A ⑥ B ⑦ C

Issuing State: WV

Lic. Number: [REDACTED]

Date of Birth:

**License Restrictions: (Select All that Apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> None                         | <input type="checkbox"/> Limited - Other                |
| <input type="checkbox"/> Corrective Lenses            | <input type="checkbox"/> CDL Intrastate Only            |
| <input type="checkbox"/> Mechanical Devices           | <input type="checkbox"/> Motor Vehicles w/o Air Brakes  |
| <input type="checkbox"/> Prosthetic Aid               | <input type="checkbox"/> Military Vehicles Only         |
| <input type="checkbox"/> Automatic Transmission       | <input type="checkbox"/> Except Class A Bus             |
| <input type="checkbox"/> Outside Mirror               | <input type="checkbox"/> Except Class A and Class B Bus |
| <input type="checkbox"/> Limit to Daylight Only       | <input type="checkbox"/> Except Tractor - Trailer       |
| <input type="checkbox"/> Limit to Employment          | <input type="checkbox"/> Farm Waiver                    |
| <input type="checkbox"/> Must Be Accompanied by Adult | <input type="checkbox"/> Other                          |

**Endorsements: (Select Up to 5)**

- ☐ None  
☐ T - Double/Triple Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

**Status:**

- ☒ Valid
- ☐ Expired
- ☐ Suspended
- ☐ Revoked
- ☐ Probation
- ☐ Surrendered
- ☐ Valid/Interlock
- ☐ Fraudulent

**Driver Condition at Time of Crash:**

- ☒ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other

**Action(s) of Driver that Contributed to the Crash: (Select Up to 4)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> None                            | <input type="checkbox"/> Improper Turn   | <input type="checkbox"/> Operated Veh in Aggressive Manner |
| <input type="checkbox"/> Ran Off Road                    | <input type="checkbox"/> Improper Backing                                      | <input type="checkbox"/> Swerved or Avoided                |
| <input type="checkbox"/> Failed to Yield Right of Way    | <input type="checkbox"/> Improper Passing                                      | <input type="checkbox"/> Over Correcting / Over Steering   |
| <input type="checkbox"/> Disregarded Traffic Signs       | <input type="checkbox"/> Wrong Side or Wrong Way                               | <input type="checkbox"/> Other Improper Action             |
| <input type="checkbox"/> Ran Red Light                   | <input type="checkbox"/> Followed Too Closely                                  |  |
| <input type="checkbox"/> Disregarded Other Road Markings | <input type="checkbox"/> Failed to Keep in Proper Lane                         |  |
| <input type="checkbox"/> Exceeded Posted Speed Limit     | <input type="checkbox"/> Operated Veh in Erratic, Reckless, or Careless Manner |  |
| <input type="checkbox"/> Drove Too Fast For Conditions   |  |  |

**Driver Use of Alcohol Suspected:**

**Alcohol Use Suspected:**

- ☐ No  
☐ Yes  
☐ Unknown

**Alcohol Test Given:**

- ☒ Test Given
- ☐ None Given
- ☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- |                                |                                 |                                 |
|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Blood | <input type="checkbox"/> Breath | <input type="checkbox"/> Urine  |
| <input type="checkbox"/> Serum | <input type="checkbox"/> Field  | <input type="checkbox"/> Other: |

**PBT Results:**

-  **Spring**  
 **Fall**

### BAC Results:

- ☐ Pending  
☐ Unknown

**Driver Use of Drugs Suspected:****Drug Use Suspected:**

- ☐ No  
☒ Yes  
☐ Unknown

**Drug Test Given:**

- ☐ (A) Test Given  
☐ (B) None Given  
☐ (C) Test Refused  
☐ (D) Unknown if Tested

Type of Drug Test Given:

- ☒ Blood      ☒ DRE  
☒ Serum  
☒ Urine  
☒ Other \_\_\_\_\_

**Drug Test Results (Check All that Apply):**

- |                                    |   |                                  |
|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> Amphetamine                | <input type="checkbox"/> Pending |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> PCP                        |                                  |
| <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Other Controlled Substance |                                  |
| <input type="checkbox"/> Opiate    | <input type="checkbox"/> Other Drug                 |                                  |

Driver Distracted By: ☒ Not Distracted ☐ Other Electronic Device ☐ Other Outside Vehicle  
☒ Electronic Communication Device ☐ Other Inside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 

01

Page 7 of 18

Reporting Agency's Record Number: 2018-00030673

Known or Suspected Violation(s) by Driver:

☐ No ViolationsReckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☒ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☒ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☒ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**STATEMENT OF DRIVER:**

DUE TO DRIVER'S MEDICAL CONDITION, SHE WAS UNABLE TO SPEAK TO PROVIDE A RECORDED STATEMENT.

## State of West Virginia Uniform Traffic Crash Report

DOH Form 17-veh  
Revised: 02/2007

## Vehicle Data

Crash Record Number: _____		Vehicle Number: <u>02</u>		Reporting Agency's Record Number: <u>2018-00030673</u>		Page <u>8</u> of <u>16</u>	
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene			
Owner's Name(s): <u>PISON MANAGEMENT</u>				Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle			
Address: <u>CHARLESTON</u> <u>WV</u> <u>25301</u>				City State Zip			
Make: <u>CHEVROLET</u>	Model: <u>SILVERADO</u>	Model Year: <u>2004</u>	Body Type: <u>PICKUP</u>	Color: <u>BLUE</u>	Registration Status: <input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	Proof of Liability Insurance: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req	Ins. Co.: <u>ERIE</u>
VIN: <u></u>	Plate Class: <u>A</u>	License Plate Number: <u></u>	State: <u>WV</u>	Reg Year: <u>2020</u>	Policy No: <u>0025830178W</u>		
Special Function of Motor Vehicles: <input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military				Used as an Emergency Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use	
Direction of Travel Before Crash: <input checked="" type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown				Applicable Speed Limit (MPH): <u>40</u>		Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway	
Traffic Control Device Type: <input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other				Horizontal Alignment: <input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Curve Left		Vertical Alignment: <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill	
Traffic Control Functioning Properly: <input type="radio"/> Yes <input type="radio"/> No				Underdrive / Override: <input type="radio"/> No Underdrive or Override <input type="radio"/> Underdrive, Compartment Intrusion <input type="radio"/> Underdrive, Compartment Intrusion <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Underdrive, No Compartment Intrusion <input type="radio"/> Override, Other Motor Vehicle		Total Lanes in Roadway: <input type="radio"/> For Undivided Highways: Count Total Lanes in Both Directions (Excluding Designated Turn Lanes) <input type="radio"/> For Divided Highways: Count Only Lanes in Direction Vehicle was Traveling Prior to Crash	
Vehicle Maneuver / Action: <input checked="" type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Stowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other				Crash Avoidance Maneuver: <input type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other		Contributing Circumstances, Motor Vehicle (Select up to 3): <input checked="" type="radio"/> None <input type="radio"/> Tires <input type="radio"/> Brakes <input type="radio"/> Wheels <input type="radio"/> Wipers <input type="radio"/> Lights (Head, Signal, Tail, etc.) <input type="radio"/> Steering <input type="radio"/> Windows <input type="radio"/> Power Train <input type="radio"/> Truck Coupling/Trailer Hitch/Safety Chains <input type="radio"/> Mirrors <input type="radio"/> Other	
Displaying Hazardous Materials Placards: <input type="radio"/> No <input type="radio"/> Yes				Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input type="radio"/> Yes	
Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input type="radio"/> Yes				Manner, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene			
Towed to: <u>CHARLESTON AUTO</u>				Towed by: <u>CHARLESTON AUTO</u>			



Crash Record Number: \_\_\_\_\_ Vehicle Number: 02 Reporting Agency's Record Number: 2019-00030673 Page 9 of 18

<b>Crash Event:</b> 01 Overturn / Rollover 02 Fire / Explosion 03 Inversion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left	10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision <b>COLLISION WITH:</b> 15 Pedestrian 16 Motorcycle 17 Railroad Vehicle 18 Animal	19 Motor Vehicle in Transport 20 Partial Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structures 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert	29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support	39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object  Sequence of Events: <u>19</u> _____ Most Harmful Event: <u>19</u>
---	---	--	--	--

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle <input type="radio"/> ATV <input type="radio"/> Pass. Veh. Towing Unit  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage
--	---	---	---

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: \_\_\_\_\_ Most Damaged Area: \_\_\_\_\_

Number of Trailing Units: 1

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: SCOTT, JOHN

Address: \_\_\_\_\_ City: CHARLESTON State: WV Zip Code: 25307 Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	<u>Y</u>	_____	<u>WV</u>	<u>2020</u>	<u>LNW</u>	_____	<u>2003</u>	<u>OPEN BODY</u>

Trailing Unit #2: ☐ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	_____	_____	_____	_____	_____	_____	_____	_____

Trailing Unit #3: ☐ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN	Plate Class	License Plate Number	State	Year	Make	Model	Model Year	Body Type
_____	_____	_____	_____	_____	_____	_____	_____	_____

Property Damaged Other Than Vehicles:

- ☐ None  
☐ Work Zone / Maintenance Equipment  
☐ Impact Attenuator / Crash Cushion  
☐ Bridge / Trestle  
☐ Culvert  
☐ Guardrail  
☐ Concrete Barrier  
☐ Cable Median Barrier  
☐ Other Traffic Barrier  
☐ Utility Pole / Light Support # \_\_\_\_\_  
☐ Traffic Sign Support  
☐ Traffic Signal Support  
☐ Other Post, Pole or Support  
☐ Fence  
☐ Mailbox  
☐ Other Fixed Object

Damaged Property Owner(s):

- ☐ WYDOH ☐ Private  
☐ City ☐ Utility Company  
☐ Other: \_\_\_\_\_

Damaged Property Location:

- ☐ On Pavement  
☐ Right Side of Road  
☐ Left Side of Road



## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv  
Revised: 02/2007

## Driver Data

Crash Record Number: [ ]

Vehicle Number (from Vehicle Data Page) 02

Page 10 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name: ELDER DEMETRIUS S  
Last First Middle SuffixAddress: Same as Veh Owner CROSS LANES WV 25313  
City State Zip Code

Home Phone: Other Phone:

## Driving License:

## License Type:

- ☐ Not Licensed  
☐ Driving License  
☐ Instruction Permit  
☐ GDL Level 1  
☐ GDL Level 2  
☐ GDL Level 3  
☐ CDL Instruction Permit  
☐ Motorcycle Instruction Permit  
☐ Motorcycle Only

## CDL Class:

- ☐
- A
- ☐
- B
- ☐
- C

Issuing State: WV

Lic. Number: [ ]

Date of Birth: [ ]

## License Restrictions: (Select All that Apply)

- ☒ None  
☐ Corrective Lenses  
☐ Mechanical Devices  
☐ Prosthetic Aid  
☐ Automatic Transmission  
☐ Outside Mirror  
☐ Limit to Daylight Only  
☐ Limit to Employment  
☐ Must Be Accompanied by Adult  
☐ Limited - Other  
☐ CDL Intrastate Only  
☐ Motor Vehicles w/o Air Brakes  
☐ Military Vehicles Only  
☐ Except Class A Bus  
☐ Except Class A and Class B Bus  
☐ Except Tractor - Trailer  
☐ Farm Waiver  
☐ Other

## Endorsements: (Select Up to 5)

- ☒ None  
☐ T - Double/Triple Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

## Status:

- ☐ Valid  
☐ Expired  
☐ Suspended  
☐ Revoked  
☐ Probation  
☐ Surrendered  
☐ Valid/Interlock  
☐ Fraudulent

## Driver Condition at Time of Crash:

- ☐ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other

## Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None  
☐ Ran Off Road  
☐ Failed to Yield Right of Way  
☐ Disregarded Traffic Signs  
☐ Ran Red Light  
☐ Disregarded Other Road Markings  
☐ Exceeded Posted Speed Limit  
☐ Drove Too Fast For Conditions  
☐ Improper Turn  
☐ Improper Backing  
☐ Improper Passing  
☐ Wrong Side or Wrong Way  
☐ Followed Too Closely  
☐ Failed to Keep in Proper Lane  
☐ Operated Veh in Erratic, Reckless, or Careless Manner  
☐ Operated Veh in Aggressive Manner  
☐ Swerved or Avoided  
☐ Over Correcting / Over Steering  
☐ Other Improper Action

## Driver Use of Alcohol Suspected:

## Alcohol Use Suspected:

- ☐ No  
☐ Yes  
☐ Unknown

## Alcohol Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused

## Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine  
☐ Serum ☐ Field ☐ Other:

## PBT Results:

- ☐ Pass  
☐ Fail

## BAC Results:

- ☐ Pending  
☐ Unknown

## Driver Use of Drugs Suspected:

## Drug Use Suspected:

- ☐ No  
☐ Yes  
☐ Unknown

## Drug Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused  
☐ Unknown If Tested

## Type of Drug Test Given:

- ☐ Blood ☐ DRE  
☐ Serum ☐ Urine  
☐ Other

## Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending  
☐ Marijuana ☐ PCP  
☐ Cocaine ☐ Other Controlled Substance  
☐ Opiate ☐ Other Drug

## Driver Distracted By:

- ☐ Not Distracted  
☐ Electronic Communication Device  
☐ Other Electronic Device  
☐ Other Inside Vehicle  
☐ Other Outside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page) 

02

Page  of 

Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

☒ No ViolationsReckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**STATEMENT OF DRIVER:**

\* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

## State of West Virginia Uniform Traffic Crash Report

DOH Form 17-veh  
Revised: 02/2007

## Vehicle Data

Crash Record Number: _____		Vehicle Number: <u>03</u>		Reporting Agency's Record Number: <u>2019-00030673</u>		Page <u>12</u> of <u>16</u>	
Vehicle Type: <input checked="" type="radio"/> Motor Veh in Transport <input type="radio"/> Parked Motor Veh / Trailer <input type="radio"/> Working Veh / Equipment				Hit and Run: <input type="radio"/> No, Did Not Leave Scene <input type="radio"/> Yes, Driver Left Scene <input type="radio"/> Yes, Car and Driver Left Scene			
Owner's Name(s): <u>HUFFMAN, RICK</u>				Driver Presence at Time of Crash: <input type="radio"/> Driver Operated Vehicle <input type="radio"/> Driverless Vehicle			
Address: _____				City: <u>MADISON</u> State: <u>WV</u> Zip Code: <u>25130</u>			
Make: <u>DODGE</u>	Model: <u>CALIBER</u>	Model Year: <u>2007</u>	Body Type: <u>4H</u>	Color: <u>SILVER</u>	Registration Status: <input checked="" type="radio"/> Properly Registered <input type="radio"/> Improperly Registered <input type="radio"/> No Registration Required	Proof of Liability Insurance: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Req	Ins. Co: <u>WV NATIONAL AUTO</u>
VIN: _____		Plate Class: <u>A</u>	License Plate Number: _____	State: <u>WV</u>	Reg Year: <u>2020</u>	Policy No: _____	Exp Date: <u>10/10/2019</u>
Special Function of Motor Vehicle: <input type="radio"/> None <input type="radio"/> Police <input type="radio"/> Courtesy Patrol <input type="radio"/> Used as School Bus <input type="radio"/> Ambulance <input type="radio"/> Taxi <input type="radio"/> Used as Other Bus <input type="radio"/> Fire Truck <input type="radio"/> Military				Used as an Emergency Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle Used as a Bus: <input type="radio"/> Public School Bus <input type="radio"/> Commuter Bus <input type="radio"/> Tour Bus <input type="radio"/> Private School Bus <input type="radio"/> Shuttle Bus <input type="radio"/> Church Bus <input type="radio"/> Scheduled Service Bus <input type="radio"/> Modified for Personal/Private Use	
Direction of Travel Before Crash: <input type="radio"/> Northbound <input type="radio"/> Eastbound <input type="radio"/> Not on Road <input type="radio"/> Southbound <input type="radio"/> Westbound <input type="radio"/> Unknown				Applicable Speed Limit (MPH): <u>40</u>		Roadway Description: <input type="radio"/> Two-Way, Not Divided <input type="radio"/> Two-Way, Divided, Unprotected Median <input type="radio"/> Two-Way, Not Divided w/ Cont Left Turn Lane <input type="radio"/> Two-Way, Divided, with Median Barrier <input type="radio"/> One-Way Roadway	
Traffic Control Device Type: <input type="radio"/> None <input type="radio"/> Yield Sign <input type="radio"/> Person (Flagger, etc.) <input type="radio"/> School Zone Signs <input type="radio"/> Traffic Control Signal <input type="radio"/> Warning Signs <input type="radio"/> Flashing Overhead Signal <input type="radio"/> Railroad Crossing Device <input type="radio"/> Stop Sign <input type="radio"/> Other _____				Horizontal Alignment: <input type="radio"/> Straight <input type="radio"/> Curve Right <input type="radio"/> Curve Left		Vertical Alignment: <input type="radio"/> Level <input type="radio"/> Uphill <input type="radio"/> Sag (Bottom) <input type="radio"/> Hillcrest <input type="radio"/> Downhill	
Traffic Control Functioning Properly: <input type="radio"/> Yes <input type="radio"/> No				Underdrive / Override: <input type="radio"/> No Underdrive or Override <input type="radio"/> Underdrive, Compartment Intrusion Unknown <input type="radio"/> Underdrive, Compartment Intrusion <input type="radio"/> Override, Motor Vehicle in Transport <input type="radio"/> Underdrive, No Compartment Intrusion <input type="radio"/> Override, Other Motor Vehicle		Total Lanes in Roadway: _____ For Undivided Highways: _____ Count Total Lanes in Both Directions (Excluding Designated Turn Lanes) For Divided Highways: _____ Count Only Lanes in Direction Vehicle was Traveling Prior to Crash	
Vehicle Maneuver / Action: <input type="radio"/> Essentially Straight Ahead <input type="radio"/> Making U-Turn <input type="radio"/> Backing <input type="radio"/> Slowing <input type="radio"/> Changing Lanes <input type="radio"/> Stopped in Traffic <input type="radio"/> Overtaking / Passing <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked <input type="radio"/> Entering Traffic Lane <input type="radio"/> Turning Right <input type="radio"/> Negotiating a Curve <input type="radio"/> Turning Left <input type="radio"/> Other _____				Crash Avoidance Maneuver: <input type="radio"/> None Evident or Reported <input type="radio"/> Braking - Skidmarks Evident <input type="radio"/> Braking - Driver Stated <input type="radio"/> Braking - Other Evidence <input type="radio"/> Steering - Evidence or Stated <input type="radio"/> Steering and Braking <input type="radio"/> Other _____		Contributing Circumstances, Motor Vehicle (Select up to 2): <input type="radio"/> None <input type="radio"/> Tires <input type="radio"/> Brakes <input type="radio"/> Wheels <input type="radio"/> Wipers <input type="radio"/> Lights (Head, Signal, Tail, etc.) <input type="radio"/> Steering <input type="radio"/> Windows <input type="radio"/> Power Train <input type="radio"/> Truck Coupling/Trailer <input type="radio"/> Mirrors <input type="radio"/> High Safety Chocks <input type="radio"/> Suspension <input type="radio"/> Other _____	
Displaying Hazardous Materials Placard: <input type="radio"/> No <input type="radio"/> Yes		Occurrence of Fire: <input type="radio"/> No Fire <input type="radio"/> Yes, Vehicle Caught Fire		Modified Vehicle: <input type="radio"/> No <input type="radio"/> Yes		Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce: <input type="radio"/> No <input type="radio"/> Yes	
Manner, in which Vehicle was Removed from Scene: <input type="radio"/> Driven <input type="radio"/> Towed Due to Damage <input type="radio"/> Towed Due to Driver Condition <input type="radio"/> Left at Scene				Towed to: <u>CHARLESTON AUTO</u> Towed by: <u>CHARLESTON AUTO</u>			

Crash Record Number: \_\_\_\_\_ Vehicle Number: 03 Reporting Agency's Record Number: 2019-00030879 Page 13 of 15

<b>Crash Events:</b> 01 Overtake / Rollover 02 Fire / Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure 07 Separation of Units 08 Run Off Road Right 09 Run Off Road Left	10 Cross Median / Centerline 11 Downhill Runaway 12 Fell / Jumped from Motor Vehicle 13 Thrown or Falling Object 14 Other Non-Collision <b>COLLISION WITH:</b> 15 Pedestrian 16 Motorcycle 17 Railroad Vehicle 18 Animal	19 Motor Vehicle in Transport 20 Parked Motor Vehicle 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh 22 Work Zone / Maintenance Equip 23 Other Non-Fixed Object 24 Impact Attenuator / Crash Cushion 25 Bridge/Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Culvert	29 Curb 30 Ditch 31 Embankment 32 Guardrail Face 33 Guardrail End 34 Cable Median Barrier 35 Concrete Barrier 36 Other Traffic Barrier 37 Tree (Standing) 38 Utility Pole / Light Support	39 Traffic Sign Support 40 Traffic Signal Support 41 Other Post, Pole, or Support 42 Fence 43 Mailbox 44 Other Fixed Object
--	---	--	--	--

Sequence of Events: 19 \_\_\_\_\_

Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

<input checked="" type="radio"/> Single Unit Vehicle  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Motorcycle  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> ATV  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Pass. Veh. Towing Unit  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Bus  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage	<input type="radio"/> Tractor Trailer  <input type="checkbox"/> 13 Top <input type="checkbox"/> 14 Undercarriage
--	--	---	--	---	---

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact: 12 Most Damaged Area: 12

Number of Trailing Units: 0

Trailing Unit #1: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Trailing Unit #2: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Trailing Unit #3: ☒ Same as Power Unit

Carrier / Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_

Property Damaged Other Than Vehicle:

- ☒ None  
☐ Work Zone / Maintenance Equipment  
☐ Impact Attenuator / Crash Cushion  
☐ Bridge / Tunnel  
☐ Culvert  
☐ Guardrail  
☐ Concrete Barrier  
☐ Cable Median Barrier  
☐ Other Traffic Barrier  
☐ Utility Pole / Light Support # \_\_\_\_\_  
☐ Traffic Sign Support  
☐ Traffic Signal Support  
☐ Other Post, Pole or Support  
☐ Fence  
☐ Mailbox  
☐ Other Fixed Object

Damaged Property Owner(s):

- ☒ WYDOT ☐ Private  
☐ City ☐ Utility Company  
☐ Other: \_\_\_\_\_

Damaged Property Location:

- ☒ On Pavement  
☐ Right Side of Road  
☐ Left Side of Road





## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv  
Revised: 02/2007

## Driver Data

Crash Record Number: [ ]

Vehicle Number (from Vehicle Data Page) 03

Page 14 of 18

Reporting Agency's Record Number: 2019-00030673

Driver's Name: HUFFMAN

RICK

L

Last

First

Middle

Suffix

Address: Same as Veh Owner

MADISON

WV

25130

City

State

Zip Code

Home Phone: [ ]

Other Phone: [ ]

## Driving License:

## License Type:

- ☒ Not Licensed    ☐ GDL Level 1    ☐ CDL Instruction Permit  
☐ Driving License    ☐ GDL Level 2    ☐ Motorcycle Instruction Permit  
☐ Instruction Permit    ☐ GDL Level 3    ☐ Motorcycle Only

## CDL Class:

- ☐
- A
- ☐
- B
- ☐
- C

Issuing State: WV

Lic. Number: [ ]

Date of Birth: [ ]

## License Restrictions: (Select All that Apply)

- ☒ None    ☐ Limited - Other  
☐ Corrective Lenses    ☐ CDL Intrastate Only  
☐ Mechanical Devices    ☐ Motor Vehicles w/o Air Brakes  
☐ Prosthetic Aid    ☐ Military Vehicles Only  
☐ Automatic Transmission    ☐ Except Class A Bus  
☐ Outside Mirror    ☐ Except Class A and Class B Bus  
☐ Limit to Daylight Only    ☐ Except Tractor - Trailer  
☐ Limit to Employment    ☐ Farm Waiver  
☐ Must Be Accompanied by Adult    ☐ Other [ ]

## Endorsements: (Select Up to 5)

- ☒ None  
☐ T - Double/Triples Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

## Status:

- ☐ Valid  
☐ Expired  
☐ Suspended  
☐ Revoked  
☐ Probation  
☐ Surrendered  
☐ Valid/Interlock  
☐ Fraudulent

## Driver Condition at Time of Crash:

- ☐ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other [ ]

## Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None    ☐ Improper Turn    ☐ Operated Veh in Aggressive Manner  
☐ Ran Off Road    ☐ Improper Backing    ☐ Swerved or Avoided  
☐ Failed to Yield Right of Way    ☐ Improper Passing    ☐ Over Correcting / Over Steering  
☐ Disregarded Traffic Signs    ☐ Wrong Side or Wrong Way    ☐ Other Improper Action  
☐ Ran Red Light    ☐ Followed Too Closely  
☐ Disregarded Other Road Markings    ☐ Failed to Keep in Proper Lane  
☐ Exceeded Posted Speed Limit    ☐ Operated Veh in Erratic, Reckless, or Careless Manner  
☐ Drove Too Fast For Conditions

## Driver Use of Alcohol Suspected:

## Alcohol Use Suspected:

- ☐ No  
☐ Yes  
☐ Unknown

## Alcohol Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused

## Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood    ☐ Breath    ☐ Urine  
☐ Serum    ☐ Field    ☐ Other: [ ]

## PBT Results:

- ☐ Pass  
☐ Fail

## BAC Results:

- ☐ [ ]  
☐ Pending  
☐ Unknown

## Driver Use of Drugs Suspected:

## Drug Use Suspected:

- ☐ No  
☐ Yes  
☐ Unknown

## Drug Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused  
☐ Unknown If Tested

## Type of Drug Test Given:

- ☐ Blood    ☐ DRE  
☐ Serum  
☐ Urine  
☐ Other [ ]

## Drug Test Results (Check All that Apply):

- ☐ None    ☐ Amphetamine    ☐ Pending  
☐ Marijuana    ☐ PCP  
☐ Cocaine    ☐ Other Controlled Substance  
☐ Opiate    ☐ Other Drug

## Driver Distracted By:

- ☐ Not Distracted    ☐ Other Electronic Device    ☐ Other Outside Vehicle  
☐ Electronic Communication Device    ☐ Other Inside Vehicle

Crash Record Number: Vehicle Number (from Vehicle Data Page)  03Page  15 of  18

Reporting Agency's Record Number: 2018-00030673

Known or Suspected Violation(s) by Driver:

☒ No ViolationsReckless/Careless/Hit and Run Type Offenses

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

Impairment Offenses

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

Speed Related Offenses

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

Rules of the Road - Traffic Signs and Signals

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

Rules of the Road - Lane Usage

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

Rules of the Road - Wrong Side, Passing and Following

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

Rules of the Road - Turning, Yielding, Signaling

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

Non-Moving License and Registration Violations

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

Equipment

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

Other Violations

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge	State Code / Municipal Ordinance	Citation Number	Warning
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**STATEMENT OF DRIVER:**

\* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.



# State of West Virginia Uniform Traffic Crash Report

## Driver and Vehicle Passenger Data

 DOR Form 17-001  
 Revised: 02/2007
Crash Record Number: Reporting Agency's Record Number: Page  of 

Indiv #	Last	First	Middle Init.	Birth	Veh #	Occupant Type	Social Security #	Birthdate	Age	Gender	Injury	Row	Seat	Other	Seating Position	Occupant Protection	Type Used	Proper Use	App. Helmet
01	WHITE	THELMA	CRYSTA		01	01				F	B	1	1				01		
02	EIDER	DEMETRIUS	S		02	01				M	O	1	1				02	03	
03	HUFFMAN	RICK	L		03	01				M	B	1	1				01	03	
04	COOPER	JAMES	S		03	02				M	B	1	3				01	03	

## Occupant Type Codes:

- 01 Driver
- 02 Passenger
- 03 Occupant of Motor Veh Not in Transport
- 04 Unknown Vehicle Passenger

## Gender:

- M Male
- F Female

## Injury Status Codes:

- A Incapacitating Injury
- B Non-Incapacitating Injury
- C Possible Injury
- K Killed
- O No Injury
- M Medical Condition Non-Crash Related Death or Injury

## Seating Position Codes:

- | ROW         | SEAT      | OTHER                              |
|-------------|-----------|------------------------------------|
| 1 Front     | 1 Left    | 1 Sleeper Section of Cab           |
| 2 Second    | 2 Middle  | 2 Other Enclosed Cargo Area        |
| 3 Third     | 3 Right   | 3 Unenclosed Cargo Area            |
| 4 Fourth    | 4 Other   | 4 Trailing Unit                    |
| 5 Other Row | 5 Unknown | 5 Riding on Motor Vehicle Exterior |
| 6 Unknown   |           | 6 Unknown                          |

## Type of Occupant Protection System Used Codes:

- 01 None Used
- 02 Shoulder and Lap Belt Used
- 03 Shoulder Belt Only Used
- 04 Lap Belt Only Used
- 05 Child Restraint System - Forward Facing
- 06 Child Restraint System - Rear Facing
- 07 Booster Seat
- 08 Edgest Used
- 09 Restraint Used - Type Unknown
- 10 Other
- 11 Unable to Determine - Due to Vehicle Damage

## Proper Use of Occupant Protection:

- 01 Used Properly
- 02 Used Improperly
- 03 Unknown

## DOT Approved Helmet:

- 01 Yes
- 02 No
- 03 Unknown

Indiv #	From Above	Air-bag	Trapped	Extricated	Ejected	Ejection Path	Medical Transport By	Responding EMS Agency ID #	EMS Response Run Number	Receiving Facility Name	Notified Time	Scene Time	Hospital Time	Date of Death	Time of Death	Place of Death
01	01	01	01	01			02	K132	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0753	0808	0835			
02	05	01	01	01												
03	01	01	01	01			02	K91	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0746	0751	0815			
04	01	01	01	01			02	K104	2019-00018094	C.A.M.C. GENERAL HOSPITAL	0800	0817	0850			

## Airbag Deployed Codes:

- | DEPLOYED (This Seat):                          | NOT DEPLOYED (This Seat):             |
|--|---------------------------------------|
| 01 Front                                       | 05 Available, Didn't Deploy           |
| 02 Side  | 06 Available, Tucked Off              |
| 03 Other                                       | 07 None Installed                     |
| 04 Multiple Directions (Front and Side)        | 08 Previously Deployed - Not Replaced |
| 10 Unable to Determine - Due to Vehicle Damage | 09 Disabled or Removed                |

## Trapped / Extricated Codes:

- 01 Not Trapped
- 02 Trapped / Extricated
- 03 Unknown

## Ejection Codes:

- 01 Not Ejected
- 02 Ejected, Partially
- 03 Ejected, Totally
- 04 Unknown

## Ejection Path:

- |                           |                                      |                 |
|---------------------------|--------------------------------------|-----------------|
| 01 Thru Side Door Opening | 05 Thru Back Door / Tailgate Opening | 08 Other Path   |
| 02 Thru Side Window       |                                      | 09 Unknown Path |
| 03 Thru Windshield        | 06 Thru Roof Opening                 |                 |
| 04 Thru Back Window       | 07 Thru Convertible (Top Up) Roof    |                 |

## Medically Transported By:

- 01 Not Transported
- 02 EMS
- 03 Law Enforcement
- 04 Refused
- 05 Other
- 06 Unknown

## Place of Victim's Death:

- 01 At Scene
- 02 En Route
- 03 At Medical Facility
- 04 Home
- 05 Other